	PATENT	ORD	D 09/77/983										
		CLAIMS A	S FILED (Colum		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			3	36				RATE		FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.		355.00	OB	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			36 minus 20=		. 16			X\$ 9=			OR	1000	288
INDEPENDENT CLAIMS			3 minus 3 =		. 8			X40=			OR	X80=	/
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT										<del>                                     </del>
•	the difference	in column 1 is	less than zero, enter °0° in column 2					+135=			OR	+270=	
/ /CI AIREC AC ABIPRIDED DANS II								TOTAL		<del></del> .	OR	TOTAL	998
(	6-16-04	(Column 1)	(Column 2)			(Column 3)	_	SMALL ENTITY			OR	OTHER	
AMENDMENT A	4	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 36	Minus	3/		- //		X\$ 9=	1		OR	X\$18=	FEE
	Independent	· 3	Minus	3	3	1- Y		X40=	T		OR	X80=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	T			.070	
		•		•			L	+133= 101A	_		ОЯ	+270=	
1	-3-05	(Column 1)	1	<b>10-1</b>			A	DOIT. FE			OR,	ADDIT FEE	
AMENDMENT B		CLAIMS		(Colun	ST	(Column 3)	F	<del>\                                    </del>	7	001			
	REMAINING AFTER AMENDMENT		*	PREVIO PAID F	USLY EXTRA		-	RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3/20	Minus	· 3	0	<b>=</b> O		X\$ 9=			OЯ	X\$18=	nn
	Independent	• 3	Minus	··· 2	)	= ()	┟	X40=	*			√2-08X	18°C
	FIRST PRESE	NTATION OF M	ILTIPLE DEI	PENDENT	CLAIM				₽		OR	7007	ارسي
							Ĺ	+135=	L	$\sum$	OR	+270	we
		•		:			AE	TOTAL DDIT. FEE			OR,	TOYAL LOCIT. FEE	-0
-7	<del></del>	(Column 1)		(Colum		(Column 3)							
AMENDIMENT C	•	REMAINING AFTER AMENDMENT		PREVIOR PAID F	er Usly	PRESENT EXTRA		RATE	TIC	DDI- DNAL		RATE	ADDI- TIONAL
	Total	•	Minus	••		a .	r	X\$ 9=	广	EE		X\$18=	FEE
	Independent	٠	Minus	•••		<b>a</b>	⊩		┢		OR	}	
	FIRST PRESE	NTATION OF ML	LTIPLE DEPENDENT CLAIM				-	X40=	<u> </u>		OR	X80=	
* If the entry in column 1 is less than the			entry in column 2, write 10° in col			gmn 3.	Ŀ	+135= TOTAL			OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.											OR A	TOTAL DOTT. FEEL	

FORM PTO-875 (Rev. 8/00)

Palant and Trademark Office, U.S. DEPARTMENT OF COMMERCE